

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90046 025 ****61.25

601020



DO NOT WRITE IN THIS SPACE

DOCUMENT # 711421 1. Entity Name ORMOND SHORES ESTATES, INC.																													
Principal Place of Business 35 WISTERIA DRIVE ORMOND BEACH FL 32176 US		Mailing Address 35 WISTERIA DR. ORMOND BEACH FL 32176 US																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent AUSTIN, MURIEL E 35 WISTERIA DR ORMOND BEACH FL 32176																									
7. Name and Address of New Registered Agent																													
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.																													
SIGNATURE <u>MURIEL E. AUSTIN, TREASURER</u> <u>1/03/01</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Department of State																							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>SIGNATURE REQUIRED (MURIEL E. AUSTIN)</u> <u>1/03/01</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

CR2E037 (10/00)